

Revised Communicable Disease Reporting Rule Effective December 12, 2008

The revised 2008 *Indiana State Department of Health (ISDH) Communicable Disease Reporting Rule for Physicians, Hospital and Laboratories* (410 IAC 1-2.3) became effective December 12, 2008. After extensive review, the rule has several changes. The 2008 rule follows the same basic format as the previous one with 1) definitions, 2) reporting requirements for physicians, hospitals, and laboratories, 3) public health interventions (including responsibility to investigate and confidentiality), and 4) disease specific control measures. A direct link to the complete 2008 Communicable Disease Reporting Rule can be found at the Indiana State Department of Health (ISDH) web site at http://www.in.gov/isdh/files/comm_dis_rule.pdf.

A quick reference list of reportable communicable diseases and conditions and reportable laboratory results can be found on the ISDH web site at

http://www.in.gov/isdh/files/Communicable_Disease_Rule_Reportable_List_Dec2008.pdf

Major changes to the revised 2008 rule are linked below. Since not all changes to the rule are listed in this table, it is strongly recommended that:

- Each person who is affected by the rule should review it in its entirety
- When initially investigating a specific disease/condition, review the disease specific section closely for new or changed requirements and interventions

Some important components of the rule remained unchanged:

- Physicians and hospitals must still report cases within required time frames. Most conditions are reportable immediately or within 72 hours. See Section 47 of the rule for specific information on individual diseases/conditions.
- Laboratories shall continue to report evidence of infections at least weekly to the ISDH. Infections that are reportable can be found in the specific section of the rule for medical laboratory reporting requirements (Section 48).
- Case reports submitted to the local health department or the ISDH may be used for epidemiological investigation or other disease intervention activities as warranted.
Prior approval from a patient is not required before releasing medical or epidemiological information to the local health department or the department.
- The Confidential Report of Communicable Diseases, in paper form or the electronic Indiana National Electronic Disease Surveillance System (INEDSS) form, remains unchanged.
- Investigation forms for local health departments not currently using INEDSS as their reporting/investigation system remain located on the ISDH web site at http://www.in.gov/isdh/19042.htm#Communicable_Disease.
- The process for local health departments, hospitals and other agencies using INEDSS as their investigational tool has not changed. The INEDSS program will be making major moves forward in 2009, so please review all INEDSS communications as they are released.

For more information, contact the ISDH Surveillance and Investigation Division at 317-233-7125.

Major Changes to the Communicable Disease Reporting Rule (410 IAC 1-2.3)

- Diseases and Conditions that have been added and are now reportable:

Dengue and Dengue Hemorrhagic Fever (Section 65)
Giardiasis (Section 66.5)
Hepatitis, viral, Type E (Section 74.5)
Influenza-Associated Death (Section 76.5)
Neonatal Herpes (Section 87.5)
Powassan (type of arboviral encephalitis) (Section 65)
Severe *Staphylococcus aureus* in a previously healthy person (Section 98)
Varicella (chickenpox) - all cases reportable (Section 110)
Vibriosis (Section 110.5)

- Diseases and Conditions that are no longer reportable:

Aseptic Meningitis (Section 84 repealed)
Pediatric Blood Lead Levels (Section 87 repealed)
A new rule regarding the reporting, monitoring and prevention of lead poisoning was adopted in 2007. This rule can be found at
<http://www.in.gov/legislative/iac/T04100/A00290.PDF>

- Section 47 (b) requires physicians and hospitals to report cases to the local health department of the county or city in which the patient normally resides.
- Section 48 (b) adds laboratory reporting requirements such as the laboratory's accession number or numeric identifier and CLIA ID number.
- Section 48 (c) amends reporting requirements for laboratories when a specimen is identified by a numeric identifier code and not by the name of the patient.
- Section 49 (g) identifies the ISDH as a public health authority as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Privacy Rule. The department is authorized to receive protected health information, wherever maintained, without patient authorization for the purposes of public health surveillance, investigation, interventions, and as otherwise permitted by law.
- Several disease specific sections add and/or modify control measures for schools, daycare facilities, preschools, health care facilities and food handlers (See disease specific section for control measures).